

REPORT OF THE MENTAL HEALTH TASK FORCE

The Mental Health Task Force was created by the Winchester City Council in November 2006 to study issues related to mental health, mental retardation and substance abuse in the City of Winchester and surrounding localities. A precipitating event leading to the creation of the Task Force was the announcement in June 2006 of the closing of the Community House program in Winchester. The program was eventually renamed Our Family and was relocated to its present home at the Salvation Army. That event exposed critical gaps in the provision of mental health services in the Winchester community. Since the Task Force began its work, several other tragic events have highlighted the needs to address these issues, including the Virginia Tech shootings in April 2007 and the local shooting of a mentally ill man by a Frederick County Sheriff's Deputy.

The Mission Statement adopted by the Task Force defined the purpose and goals of the Task Force as follows:

The purpose of the Mental Health Task Force is to gather information on the state of mental health, mental retardation and substance abuse services in the City of Winchester. The Task Force will actively solicit information from a variety of service providers in the community in order to better assess the nature of the issues faced by person with mental disabilities and substance abuse problems, and to assess how the community is currently responding to those needs. The Task Force will keep in mind that any solutions and recommendations should involve not only the City of Winchester but will be shared regionally to generate solutions and address specific needs.

The following members of the Task Force committed a great deal of time and personal energy to fulfilling the mission:

Tim Coyne, Winchester City Council and Public Defender
Stewart Masters, Winchester City Council and retired pharmacist
Carla Taylor, Director Winchester Department of Social Services
Buddy Hall, Director Northwestern Community Services
Christine Hartman, Northwestern Community Services
Susan Groom, Winchester Public Schools
Dr. Philip Pate, Licensed Clinical Psychologist
Barbara Williams, District 11 Adult Probation and Parole
Vicki McClelland, Executive Director, Free Medical Clinic
Walter "Skeeter" Knee, Member Board of Directors NW Works, Inc.
Julie Grimm, President National Alliance for Mental Illness
Eric Varnau, Chief Winchester Police Department

The Task Force met monthly from November 2006 through January 2008. The first several meetings were devoted to gathering information from the Task Force members themselves. This included presentations on the following topics:

- Prescription drugs dispensed for mental illness

- Mental health services provided by the Free Medical Clinic
- Mental health, mental retardation and substance abuse services provided by Northwestern Community Services
- Special education services within the Winchester Public Schools
- The mission and work of NW Works, Inc.
- Emergency services for the mentally ill provided by the Winchester Police Department and Winchester Sheriff's Department
- Mental health and substance abuse services provided to convicted felons on probation
- The incidence of mental illness and substance abuse among criminal defendants
- The provision of mental health services by private practitioners and clinicians
- The role of the Department of Social Services in providing and coordinating services for the mentally ill

In addition to sharing valuable information from its own members, the Task Force also sought out and solicited information from the following individuals and groups:

- Kevin Young, Executive Director, Winchester Medical Center
- Kim Carpenter, Sherry Riley, and Lynn Hill – Behavioral Health Unit, Winchester Medical Center
- Dr. Bob Lizer – Private Psychiatrist, Winchester
- Dr. Sean O'Mara – Emergency Room Doctor, Winchester Medical Center
- Tour of Our Family Program, Salvation Army
- Tour of NW Works, Inc.
- Andy Anderson, NWRADC Offender Re-Entry Program
- Jim Stephenson, Superintendent Juvenile Detention Center
- John Beghtol, Director of Community Services, Western State Hospital, Staunton
- Susie Hyland, Mother of an autistic son
- Survey of private mental health and substance abuse providers in Winchester, including psychiatrists, psychologists, counselors, and therapists

FINDINGS:

The findings of the Task Force are summarized as follows:

1. The issues faced by those suffering with mental illness, mental retardation and substance abuse are much larger and more critical than originally thought.

The Task Force quickly realized that the problems faced by those individuals in our community with mental illness, mental retardation and substance abuse are more significant and larger than initially thought, and will only continue to become more significant unless steps are taken now to address those problems. The number of individuals affected is large, and includes not just those suffering from mental illness, mental retardation and substance abuse, but also their families, caretakers, service providers, and everyone in the community with whom they interact.

- 2. Non-profit agencies and volunteers provide a tremendous amount of necessary and critical support services to those in need of mental health, mental retardation and substance abuse services.**

Northwestern Community Services is statutorily mandated to provide only emergency mental health services, yet, in response to community need over the years, has grown to provide a wide array of psychiatric outpatient care for individual and families. Unfortunately, funding sources have not kept up with the expanding program needs, and Northwestern's resources and capacity for service provision are increasingly stretched thin. Fortunately, the Winchester community is blessed with many non-profit agencies and volunteers who provide countless other necessary services. The contribution of these volunteers and private non-profit organizations is great and reduces the amount of resources that must be committed by local governments. Without the generosity and dedication of these organizations and individuals, the problems would be exponentially greater and create a true crisis for local governments.

- 3. There is a lack of access to services that creates a barrier to addressing the needs of persons with mental illness, mental retardation, and substance abuse disorders in our community.**

One of the primary barriers is the lack of insurance by those most in need of services. Many of the private providers surveyed by the Task Force offer a percentage of their services at reduced or no charge, but they can not reach everyone in need. In addition, many of those in need lack the basic knowledge and education to access the services they need. If those in need do not know where to turn for help, their condition will only worsen, putting those individuals in high risk situations.

There also is a lack of knowledge of available services on the part of government policymakers. If the policymakers do not know what services are available and what services work, adequate resources can not be committed to addressing needs in the community. Finally, the services that are being provided tend to be fragmented because there is no single clearinghouse to oversee what services are being provided to particular individuals in need. This creates a redundancy and inefficiency in providing the services that are actually needed by clients of the various agencies.

- 4. There are significant limitations of the availability of services in our area.**

The Task Force found that "disadvantageous" state policies have actually limited the availability of services in our area. Specifically, recent trends toward outsourcing and decentralization of services have put more of a burden on localities to provide services that were once the direct responsibility of the state. At the same time, funding formulas for local Community Services Boards are outdated and have not kept pace with population trends and local needs. Further compounding these problems locally is a projected shortage of psychiatric and psychological professionals in our area. Unless dramatic changes are made at the state level, these problems will continue to compound and put more burdens on the localities to solve.

5. There are inefficiencies in the use of available services in our area.

The Task Force learned from the Director of Community Services at Western State Hospital that our area has an unusually high incidence of forensic admissions to Western State Hospital. Forensic admissions occur in two circumstances: either due to a judicial order or for emergency treatment purposes. In both cases, increasing mental health services in the jails could decrease the need for these hospital admissions. The concern about the high forensic admission rate is that these numbers leave fewer beds for civil treatment admissions.

There also is an overuse of the Emergency Room at the Winchester Medical Center to deal with mentally ill patients. Many patients are taken to the ER because family members and/or law enforcement personnel have no other options. These individuals do not necessarily need emergency medical attention, yet they take up valuable time and resources of the hospital and law enforcement agencies.

6. There has historically been a lack of public interest in affecting change to the mental health delivery system.

The Task Force came to the conclusion that throughout recent history, the public, and their elected policymakers, have not shown a great deal of interest in affecting changes to the mental health delivery system. Those individuals suffering from mental illness, mental retardation and substance abuse are often disadvantaged and not in a position to affect political change on their own. The public, however, must become educated to the problems facing these individuals, their families and their service providers. Tragic incidents like the Virginia Tech shootings and the shooting of a local, mentally ill resident by a Frederick County Deputy only highlight the need for change. We as a community cannot wait for more tragedy in order to effect much needed changes in the mental health system.

7. There is limited long-term planning for the care of the mentally ill and mentally retarded.

While there are certainly a number of group homes in our community that care for the mentally ill and mentally retarded, many more facilities will be needed as the population of our area continues to grow. In family settings, as caregivers age and die, many individuals who are currently able to remain in their homes will need some sort of residential support. Additionally, the increasing numbers of adults with dementia-related diagnoses will need comprehensive residential care. Without proper planning now, there will be a critical shortage of the necessary facilities.

8. There are serious limitations in the capacity of the criminal justice system to adequately address mental illness and substance abuse issues among criminal defendants.

The Task Force found that there is a very high percentage of mental illness and substance abuse among persons charged with and convicted of criminal offenses. There are some very successful programs being used at the local jail and at the local probation office. The

Offender Reentry Program at the jail provides much needed substance abuse treatment and other life skills training to inmates. The program is very much in demand and has a waiting list among inmates. The local probation office has instituted a pilot program of Evidence Based Practices, which is designed to provide needed services to probationers in order to prevent recidivism. The program is expanding and is achieving successful results to date. Of concern, however, is the fact that the Northwestern Regional Adult Detention Center now has an average daily population of over 600 inmates, yet has only one full-time mental health professional on staff. The jail utilizes a video system to provide limited psychiatric services to inmates, but this system cannot meet the needs of all mentally ill inmates. Until very recently, the Juvenile Detention Center has had no mental health professionals on staff and must rely on the regional jail to provide mental health services. Other local jails in Shenandoah, Page and Warren Counties have no mental health professionals on staff and must rely on already overburdened service delivery systems within Northwestern Community Services and local hospitals for crisis care of mentally ill inmates. There also is a lack of continuum of care for inmates released from jail, particularly with regard to post-release medication and counseling.

9. There are inadequate services in our area for juveniles suffering from mental illness and substance abuse.

Juveniles in need of services face an extremely cumbersome and bureaucratic system in order to access services. Juveniles and their families must first access services through review panels such as FAPT and CPMT. The Comprehensive Services Act, although intended to provide services more efficiently, has in practice become a roadblock to services and is increasingly expensive for localities. As with other services, outdated models continue to be used for juveniles, leaving many without help and extremely frustrated. Groups such as CLEAN, Inc., Boys and Girls Club, and the Youth Development Center do provide much-needed services and programs, but much more is needed. There are no facilities in our area for juveniles suffering from mental illness and substance abuse. Facilities outside of the area are extremely costly and force the child to be removed from the community and his or her family support network.

RECOMMENDATIONS:

The Mental Health Task Force, recognizing that the community's response needs to be cost-effective, efficient, and based on principles of basic human compassion and dignity, makes the following recommendations to improve the delivery of services to persons with mental illness, mental retardation and substance abuse disorders:

1. Support the establishment of a single program or entity to provide non-emergency mental health care and serve as a clearinghouse for unitary intake and coordination of services;
2. Support the provision of local Crisis Intervention Team training for law enforcement to increase accessibility for all officers on the front lines to learn mental health interventions that will save valuable criminal process resources;

3. Increase mental health staffing at the NWRADC and the Juvenile Detention Center;
4. Engage in community outreach to faith-based and other volunteer groups to provide respite care and day-time support services for families dealing with mental health, mental retardation and substance abuse issues;
5. Provide adequate local funding to Northwestern Community Services to meet identified community needs;
6. Support programs that work. Funding and other support should be directed to programs that use proven, outcome based methods, and are collaborative in nature;
7. Advocate at the state level to ensure that local funding formulas are regularly updated and that adequate state funding is provided for local needs. Monitor legislative changes that will have local impact;
8. Utilize media outlets to increase public awareness of mental health, mental retardation and substance abuse issues in the community and the availability of services such as 211, Concern Hotline, and the local chapter of NAMI;
9. Help locate a permanent site for the Our Family program;
10. Encourage more mental health professionals to locate to the Northern Shenandoah Valley;
and

In conclusion, the Mental Health Task Force **strongly recommends the creation of a regional planning group to ensure implementation of these recommendations.**

Respectfully submitted,

Tim Coyne
Stewart Masters
Carla Taylor
Buddy Hall
Christine Hartman
Susan Groom

Dr. Philip Pate
Barbara Williams
Vicki McClelland
Walter "Skeeter" Knee
Julie Grimm